
COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

I. TYPE OF DECLARATION

This declaration is of the following type:

<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
<input checked="" type="checkbox"/> Utility	<input type="checkbox"/> Design
<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation in Part
<input type="checkbox"/> Other: _____	

II. INVENTORSHIP IDENTIFICATION

My residence, post office address, and citizenship are as stated below next to my name, I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) on the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

INTELLIGENT CONTROLLED ENTRY-EXIT SYSTEM

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a) or (b))

- (a) ☒ is attached hereto.
 And amended by preliminary amendment of _____ (if applicable).
- (b) ☐ was filed on _____ as
 Application Serial No. _____
 And was amended on _____. (if applicable)

III. ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations 1.56(a). I further acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations 1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this continuation-in-part application.

IV. CLAIM FOR BENEFIT OF EARLIER FOREIGN/PCT/PROVISIONAL APPLICATIONS OR INVENTOR'S CERTIFICATES(S) UNDER 35 U.S.C. 119

A. PRIORITY BASED ON FOREIGN APPLICATION

☐ I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificates having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s), if applicable:

	Number	Country	Foreign Filing Date	Priority Claimed	Certified Copy Attached (Y/N)
i.					
ii.					
iii.					

B. PRIORITY BASED ON PROVISIONAL APPLICATION

☒ I hereby claim the benefit under 35 U.S.C. 119(e) of any United States Provisional Application(s) listed below:

	Application No.	Filing Date		Application No.	Filing Date
i.	60/457,647	3/27/2003	ii.		
iii.			iv.		

C. CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION (S) UNDER 35 U.S.C. 120

☐ I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information

☒ that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56

(also check the following item, if desired)

☒ and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, that occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

(also check the following item, if desired)

☒ In compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. 1.98.

Prior U.S. and/or PCT Applications, if applicable:

	US Application or PCT No.	Parent Filing Date	Parent Patent No. (if applicable)
i.			
ii.			
iii.			

V. POWER OF ATTORNEY

As a named inventor, I hereby appoint the following registered attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Robert N. Blackmon, Reg. No. 39,494

VI. Direct all correspondence to: ☒ Customer Number: 21919

OR ☐ Correspondence Address below:

673 S. Washington St., Alexandria, VA 22314
Telephone: 703-684-5633; Facsimile: 703-684-5637

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Full Name of **Sole or First Inventor**: Mr. John Paul Hanle

Signature: _____

Date: _____ Country of Citizenship: USA

Residence: 13805 Town Line Road, Silver Spring, MD 20906

Post Office Address: Same

Full Name of **Second or Joint Inventor**, if any: Mr. Alexander McAllister

Signature: _____

Date: _____ Country of Citizenship: USA

Residence: 126 SW 35th Place, Cape Coral, FL 33991

Post Office Address: Same

☒ Additional inventors are being named on the ____ supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A attached here to.

ADDITIONAL SIGNATURES

Full Name of **Sole or First Inventor**: Mr. James Kunkel

Signature: _____

Date: _____ Country of Citizenship: USA

Residence: _____

Post Office Address: _____

Full Name of **Second or Joint Inventor**, if any: Rita Yadav

Signature: _____

Date: _____ Country of Citizenship: USA

Residence: _____

Post Office Address: _____